



# INCIDENT REPORT

Incident #: 16-209-1236-00

Prepared:

8/2/2016 8:02:41 AM

Workflow Status: Report Approved by Central Records

Incident Info							
Incident #	Report Date	Time	Date Occurred	Time	Poss. Date	Time	Beat
162091236-00	7/27/2016	1110	7/27/2016	1110	7/27/2016	1410	207
Shift	Zone	Location	Location Type	Rpt. District	Rpt. Officer	Inv. Officer	
D	02	500 NORTHSIDE CIR NW @ROYAL COACH	13	207	5712		
Children Inv.	Family Inv.	Gang Related	Prev. Complaints	Prior Court Orders	Disposition	Dispo. Date	Time
How Committed							
AGGRAVATED ASSAULT AGAINST POLICE							
Reason No Arrest					Relationship of Parties	Weather	

Offenses								
	Offense	Offense	# of Victims					
1	1314	AGG ASLT or AGG BATTERY-GUN	4					
	IBR Code	Att/Comp	UCR	UCR Arson	UCR Status	Bias Incident	Method of Entry	Family Violence
	1314	C	0410	0				N

Involved Parties													
1	Name Type						Name						
	WITNESS						BROWN JR, TERENCE						
	Address						Bldg.	Apt. #	Home Phone				
	4300 FLAT SHOALS RD, UNION CITY, GA 30291								(404) 552-8660				
	DOB	Age	DL Number	DL State	DL Expire	Sex	Race	Height	Weight	Hair	Eyes		
	11/3/1988	27				M	B						
	Hair Style		Hair Type		Facial Hair			Complexion					
	Appear	Speech	Hand	Gloves	Teeth	Glasses	Hat	Mask	Eye Defect	Skin Tone Type	Clothing Type		
	Body Markings Type		Body Markings Description										
	Injury / Killed		Injury / Severity			Location on Body			Where Hospitalized				
	NOT INJURED												
	SSN		Occupation								GCIC Code		
Employer		Employer Address					Work Phone			Wk. Ext.			





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2	Name Type										Name														
	VICTIM										BANKS, ERIN ELIZABETH														
	Address										Bldg.					Apt. #					Home Phone				
	6458 LAKE PADDOCK DR, FLORISSANT, MO 63033																				(314) 779-4491				
	DOB		Age		DL Number		DL State		DL Expire		Sex		Race		Height		Weight		Hair		Eyes				
	7/25/1981		35		P137287014		MO				F		B												
	Hair Style				Hair Type				Facial Hair				Complexion												
	Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Defect		Skin Tone Type		Clothing Type				
	Body Markings Type				Body Markings Description																				
	Injury / Killed				Injury / Severity				Location on Body				Where Hospitalized												
	NOT INJURED																								
	SSN				Occupation														GCIC Code						
																		1314							
Employer				Employer Address										Work Phone				Wk. Ext.							

3	Name Type										Name														
	VICTIM										REDDICK, LEAIF														
	Address										Bldg.					Apt. #					Home Phone				
	3120 MAPLE DR NE, ATLANTA, GA 30305																				(404) 848-7231				
	DOB		Age		DL Number		DL State		DL Expire		Sex		Race		Height		Weight		Hair		Eyes				
											M		W												
	Hair Style				Hair Type				Facial Hair				Complexion												
	Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Defect		Skin Tone Type		Clothing Type				
	Body Markings Type				Body Markings Description																				
	Injury / Killed				Injury / Severity				Location on Body				Where Hospitalized												
	NOT INJURED																								
	SSN				Occupation														GCIC Code						
																		1314							
Employer				Employer Address										Work Phone				Wk. Ext.							





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Name Type										Name																			
VICTIM										SEVERAN, CARL																			
Address										Bldg.					Apt. #					Home Phone									
3120 MAPLE DR NE, ATLANTA, GA 30305																				(404) 848-7231									
DOB			Age		DL Number			DL State		DL Expire			Sex		Race		Height			Weight			Hair		Eyes				
													M		B														
Hair Style					Hair Type					Facial Hair					Complexion														
Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Defect			Skin Tone Type			Clothing Type							
Body Markings Type					Body Markings Description																								
Injury / Killed					Injury / Severity					Location on Body					Where Hospitalized														
NOT INJURED																													
SSN					Occupation															GCIC Code									
																				1314									
Employer					Employer Address										Work Phone					Wk. Ext.									

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Name Type										Name																			
VICTIM										ROYAL COACH,																			
Address										Bldg.					Apt. #					Home Phone									
500 NORTHSIDE CIR, ATLANTA, GA 30310																				(404) 848-7231									
DOB			Age		DL Number			DL State		DL Expire			Sex		Race		Height			Weight			Hair		Eyes				
Hair Style					Hair Type					Facial Hair					Complexion														
Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Defect			Skin Tone Type			Clothing Type							
Body Markings Type					Body Markings Description																								
Injury / Killed					Injury / Severity					Location on Body					Where Hospitalized														
NOT INJURED																													
SSN					Occupation															GCIC Code									
																				1314									
Employer					Employer Address										Work Phone					Wk. Ext.									





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### Suspects

1	Name Type										Name																	
	SUSPECT										UNKNOWN, UNKNOWN																	
	Address										Bldg.					Apt. #					Home Phone							
	UNKNOWN,																											
	DOB			Age		DL Number			DL State			DL Expire			Sex		Race		Height			Weight			Hair		Eyes	
												M		B														
	Hair Style					Hair Type					Facial Hair					Complexion												
											3																	
	Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Defect		Skin Tone Type			Clothing Type						
																			MB									
	SSN					Occupation																						
	Employer					Employer Address										Work Phone					Wk. Ext.							
	Body Markings Type					Body Markings Description																						

No Arrests to Display!

### Vehicles

1	Owner				Record Type				VIN			
					DAMAGED				JN8AS5MV9BW292379			
	Year	Make	Model	Style	Color #1	Color #2	Tag Type	Tag State	Tag #			
	2011	NISS		LL	PURPLE		P	MO	FG9T9W			
	Date Stolen	Time Stolen	Date Reported	Time Rprt.	Date Recov.	Time Recov.	Value Stolen	Value Recov.				
	7/27/2016	1115	7/27/2016	1430			\$0.00					
	Total Vehicle Values						Total Value Stolen		Total Value Recovered			
						\$0.00						





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## Property

Owner	Record Type	Property Type	Brand	Model			
500 NORTHSIDE,	D	L					
<b>Description</b>	<b>Qty</b>	<b>Serial #</b>	<b>Color</b>	<b>UCR Type</b>			
DAMAGE TO BUILDING MM	1			K			
<b>Date Stolen</b>	<b>Time Stolen</b>	<b>Date Report</b>	<b>Time Report</b>	<b>Date Recov.</b>	<b>Time Recov.</b>	<b>Value Stolen</b>	<b>Value Recov.</b>
7/27/2016		7/27/2016	1110			\$0.00	

  

Owner	Record Type	Property Type	Brand	Model			
BANKS, ERIN	D	L					
<b>Description</b>	<b>Qty</b>	<b>Serial #</b>	<b>Color</b>	<b>UCR Type</b>			
DAMAGE TO DRIVER SIDE DOOR AND REAR DRIVER PANEL	1		PURPLE	K			
<b>Date Stolen</b>	<b>Time Stolen</b>	<b>Date Report</b>	<b>Time Report</b>	<b>Date Recov.</b>	<b>Time Recov.</b>	<b>Value Stolen</b>	<b>Value Recov.</b>
7/27/2016		7/27/2016	1110			\$0.00	

  

Total Value Stolen	Total Value Recovered
\$0.00	

## Narrative

On 07/27/2016 Officer Reddick #2204 and Officer Severan #2207 was dispatched to 500 Northside Circle on a suspicious person call. It was reported by apartment management staff that the suspect would not allow a female to leave the laundry room. The suspect was identified by the maintenance man to police. Officer Severan attempted to detain the suspect who then fled on foot. The suspect stopped and turned toward Officer Severan at which time Officer Severan deployed his Asp Baton. The suspect then drew a handgun from his waistband and pointed it at Officer Severan. Officer Severan and Officer Reddick discharged their city issued firearms at the suspect. There was damage to a vehicle and apartment building MM.

The maintenance man escorted the female to her apartment prior to the officers arrival. A follow up investigation by Zone 2 CID with the female victim will be conducted.

Investigator Bahry, Sergeant Deaton, Sergeant Remec, Sergeant Gardner, Lieutenant Childers, Crime Scene Unit 7326 responded to the scene.

Investigation continues...

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DEPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Reporting Officer (Elec. Sig.)	ID #	Assignment	Gender	Signed Date
CARTER (YES)	5712	207		7/31/2016
Supervisor (Elec. Sig.)	ID #	Assignment	Gender	Signed Date
REMEC (YES)	2988	207		8/1/2016
Clerk ID #	6912	File Date	8/2/2016 8:01:51 AM	